

Health Workforce Pilot Projects Program
Interview with
Supervisor-Preceptor
171—07-100
San Diego, California

Interview Elements	Comments/Notes					
	BRN	MBC	Assoc. of Reproductive Health Professionals	American College of OB-GYN, District IX	Technical Consultants UCD FNP/PA Program	OSHPD-HWPP
Overview of Present Position: 1. What are your current responsibilities with the Clinic? 2. Please share some of your experiences with us in providing abortion care, miscarriage management, post discharge care? 3. What inspired you to participate in the pilot program?	T- 20 Associate Medical Director is the Preceptor for program at these sites. One trainee at a time. Four clinicians have been trained. Good fit for hire Some trainees progress faster than others.	No report received.	This physician is clearly well qualified and very thorough in his approach to training and precepting. He is willing to look at ways in which the service provided can be improved. He has years of training experience in the military as well as in the family planning clinic. He clearly knows each trainee well and differentiates their needs. He works closely with the other physicians in the practice to get their support when needed. He is committed to following every letter in the guidelines that outline the requirements for the training phases.	No comments submitted	Interviewed T-20 who described experiences related to precepting and evaluating each trainee.	T -20 is the preceptor for both sites – San Diego and Riverside clinics.
Pilot Project Role: 1. Describe your understanding of the supervisor/preceptor role. 2. Do you feel comfortable/competent in your new role as supervisor/preceptor? 3. How frequently are you in contact with the trainees assigned to you? 4. Are you generally scheduled to work the same day and shift as the trainee? 5. Is there a back-up preceptor system available in your facility? 6. Who assigns the trainees to patients? Describe method of assignment. 7. Are there occasions where more than one trainee is assigned to a patient? If so, discuss. 8. Have there been instances when patients	Have worked in the past with midwives and trained residents. Felt this project would be a good fit for her. She is in the procedures room for first 40 procedures that the trainees perform. All 4 were use to using speculums and doing ultrasound.				The preceptor chooses appropriate clients for the trainee at their skill level using age guidelines and parity and medical conditions.	More comfortable with mid-level who are comfortable in their role while residents are frightened at first. She is present during the clinicals during the first 1- 50 procedures for each trainee. She indicates that there are 4 skills that they have to master. The trainees progress faster than others.

February 17, 2009

Health Workforce Pilot Projects Program
Interview with
Supervisor-Preceptor
171—07-100
San Diego, California

Interview Elements	Comments/Notes					
	BRN	MBC	Assoc. of Reproductive Health Professionals	American College of OB-GYN, District IX	Technical Consultants UCD FNP/PA Program	OSHPD-HWPP
are reassigned\changed and given to a non-trainee practitioner? Discuss						
Trainee Evaluation: 1. What areas of strength have you identified in the Trainee's performance? 2. Have you identified any performance weakness? If so, what remedial activities were undertaken to improve the trainee's performance? 3. Are the trainees able to obtain signatures on the patient consent form satisfactorily? <u>N/A - done by project coordinator.</u>	<p>Feel more comfortable with mid-levels because of use of following protocols:</p> <p>They are comfortable in their roles.</p> <p>They do not hesitate to call preceptor (when needed).</p> <p>Out of approximately 400 cases, there were a few complications. Trainees had an opportunity to get involved with minor complications.</p>				<p>T-20 adjusts education to meet needs of each trainee as “they all are a little different” and “all know their own limitations”. Clinical case discussions are also done with all trainees about interesting cases that present learning opportunities for APCs as well as other physicians - there is a list serve that helps with communication</p>	<p>T-20 indicates that the APCs experienced some complications during their training.</p> <p>Complications baseline rate of 1-2 % in 400 procedures.</p> <p>After the 60th procedures, a second RN is with the Trainees. The RN administers the medications and the Trainee performs the procedures.</p> <p>Medications administer that T-20 is referring to are the anesthesia and Finelyn.</p> <p>T- 20 indicated that the other MD may proctor and evaluate the trainees but will discuss the evaluation with her.</p> <p>There is a complications log for any procedures performed by the trainee. T-20 includes peer review when reviewing these cases.</p> <p>The trainees review/follow protocols during these occurrences or call for consultation.</p>

Health Workforce Pilot Projects Program
Interview with
Supervisor-Preceptor
171—07-100
San Diego, California

Interview Elements	Comments/Notes					
	BRN	MBC	Assoc. of Reproductive Health Professionals	American College of OB-GYN, District IX	Technical Consultants UCD FNP/PA Program	OSHDPD-HWPP
Clinicals: 1. Were there any unusual occurrences or incidents observed/reported with the abortion care procedures/care provided by the trainee? Discuss. 2. Discuss the referral policy/procedures for patients presenting themselves to the clinic but are in need of a transfer to a GAC or other healthcare facility\setting? Who makes the referral? 3. Were any of the trainees assigned to patients (initially or otherwise) who required a transfer? 4. Do you feel the preparation for the employment/utilization phase was satisfactory or is there need for changes? 5. Are the trainees involved in any post care\follow-up care of patients who were serviced and discharge from your clinic?	Minor unusual occurrences. Trainees get assistance from preceptor when having difficult dilations, etc. Residents have training on Mondays, Wednesdays, Thursdays, and Fridays. APC's Tuesdays only.			No comments submitted		Preceptor and trainee review ultrasound reading together when there is a discrepancy. They both sign off on the final readings. The Research Coordinator is assigned to the post care follow-up surveys. The trainees review their site protocols frequently to assure themselves of any issues or uncertainties that they may have. There have not been any hospital referrals for the APC project. Trainees are progressing well.
Reporting Procedures/Shared Information: 1. Describe the method of reporting and/or how information is shared regarding pilot project observations. 2. Have you had a chance to review the patient questionnaires? If so, what were your findings? 3. What other records do you manage/maintain? 4. What are your expectations regarding the outcome of this project? 5. Are there any other comments, or information you would like to share with us?	No comments submitted.				No comments submitted.	The Research Coordinator is responsible for data entries into the e-file and reporting the project sponsor. Where there is uncertainty in the data prior to entry, the Research Coordinator clears the information with the trainee as well as the preceptor. Both sign-off on the logs.